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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

| 1. Person Making the Disbursements/Obligati | ions | |
|---|----------------------------------|--|
| (a) Name American Conser | vative Union | |
| (b) Address (number and street) | t than previously reported | 2. FEC Identification Number |
| (c) City, State and ZIP Code Washington | DC 20005 | C C30001952 |
| (d) Name of Employer or Principal Place of Business | (e) Occupatio | n |
| X New 3. Is This Statement or Amended | 4. Covering Period | / 06 / 2012 through / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 5. (a) Date of Public Distribution(s) 03 07 | | Fitle ACU The Breaks |
| 7. If the filer is an individual, unincorporated were the disbursements made exclusively 8. Custodian of Records | | |
| (a) Name | | |
| Melissa Bowman | | |
| (b) Address (number and street) 1331 H Street NW Suite 500 | | |
| (c) City, State and ZIP Code | | |
| Washington | DC 20005 | |
| (d) Name of Employer or Principal Place of Business | (e) Occupation | on |
| American Conservative Union | Director | of Development |
| 9. Total Donations This Statement | | 0.00 |
| 0. Total Disbursements/Obligations This Stat | tement | 15589.00 |
| Under penalty of perjury, I certify that this statement | t is true, correct and complete. | |
| TYPE OR PRINT NAME OF PERSON COMPLETING FO | Melissa Bowman | |
| Melissa Bowman | [Electronically Filed] DATE | 03/09/2012 |

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.